



APPLICATION FOR PROPERTY TAX RELIEF

Disabled Veteran Exclusion (G.S. 15-277.1C)

Property ID Number: _____

Name of Applicant: _____ Date of Birth _____

Name of Spouse: _____ Date of Birth _____

Residence Address: _____

Telephone Number: (Home) _____ (Work) _____ (Cell) _____

Circle One:

Yes No Do you reside in this home?

Yes No Does your spouse (if applicable) live with you in this residence?
If you answer no, provide your spouse's address:

SHORT DESCRIPTION OF DISABLED VETERAN EXCLUSION

This program excludes up the first \$45,000 of the appraised value of the permanent residence of an honorably discharged veteran who has a total and permanent disability that is service-connected or who receives benefits for specially adapted housing under 38 U.S.C 2101. There is no age or income limitation for this program. This benefit is also available to the unmarried surviving spouse of an honorably discharged disabled veteran. See G.S. 105-277.1C for the full text of the statute.

Circle One:

- Yes No Are you an honorably discharged veteran of a branch of the United States armed forces? Name of Branch: _____
- Yes No Are you the unmarried surviving spouse of an honorably discharged disabled veteran? If you answer yes, complete the following section and provide the documentation based on your spouse's status on the date of death.
- Yes No Do you have veteran's disability certification from the Veteran's Administration or another federal agency that certifies that you have A total and permanent disability that is service-connected?
Copy of documentation must be provided to the Tax Assessor to receive benefit.
- Yes No Do you have documentation that you receive benefits for specially adapted housing under 38 U.S.C. 2101? Copy of documentation must be provided to the Tax Assessor to receive benefit.

REQUIREMENTS:

- *** File a veteran's disability certification if you are claiming a total and permanent service-connected disability. Obtain the certification from the appropriate federal agency, or file documentation that you receive benefits for specially adapted Housing under 38 U.S.C. 2101.
- *** File a copy of your Honorable Discharge Certificate, DD form 214.

AFFIRMATION AND SIGNATURE

Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with application is true and complete.

Applicant's Name (please print)

Applicant's Signature

Date

Spouse's Name (please print)

Spouse's Signature

Date

This application must be filed with the County Tax Assessor. Do not send this application to the NC Dept of Revenue

Please mail to: DAVIDSON COUNTY TAX OFFICE, PO BOX 1617, LEXINGTON NC 27293

Applications must be received by June 1st, 2015 to be timely filed.

Any questions please call 336-242-2977 or 336-242-2160